

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 28 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200092355552
03/13/07--01018--010 ***299.50

REINSTATEMENT

CR2E081 (1/07)

DOCUMENT # N06000002007

1. Corporation Name

SPRINGS WEST CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

11158 W. SAMPLE RD.

Suite, Apt. #, etc.

58

City & State

CORAL SPRINGS

Zip

FL

Country

U.S.A.

3. Mailing Office Address

11158 W. SAMPLE RD.

Suite, Apt. #, etc.

58

City & State

CORAL SPRINGS

Zip

FL

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2/22/06

5. FEI Number

20-4380902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDITH MALAVE ORTIZ

Street Address (P.O. Box Number is Not Acceptable)

11158 W. SAMPLE RD.

Suite, Apt. #, Etc.

58

City

CORAL SPRINGS

State

FL

Zip Code

33065

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Edith Malave Ortiz

REGISTERED AGENT MUST SIGN

Date

2/25/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EDITH MALAVE ORTIZ	11158 W. SAMPLE RD #58	CORAL SPRINGS, FL 33065
VP	DERRICK A. OLAN	11150 W. SAMPLE RD #50	CORAL SPRINGS, FL 33065
T	KAREEN BELNAVIS	11154 W. SAMPLE RD #54	CORAL SPRINGS, FL 33065

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03/13/07--01018--011 ***8.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edith Malave Ortiz, President

Date

2/25/07

Daytime Phone #

954 345-3262

3/1/07